AMPAIGN CONTRIBUTION	BIJGINESS	DOME	otate TiDkl 1	of Nevada	
me (B) 130× 10969	Office (if applicable)	90 PO 511		strict (if applicable)	M
illing Address (include city and zip code)	) WVIVO ITV	THE	Telephone No.		00
Mail Address		2m/L 1110	3 I PH 12: 1	0	
lect Appropriate Box(es)  CANDIDATE	PAC BAG POLPRI	Y []IND EXP[]			
Annual Filing - Due Jan Period: January 1, 2003 - December		BY	CLERK	<u> </u>	
umbents in an Office with a 6-year term Pe others Pe	81, 2004 eriod: Jan. 5, 2001 — Aug 26, 1 eriod: Dec. 20, 1998 — Aug 26 eriod: Jan. 1, 2004 – Aug. 26, 2 eriod: Dec. 5, 2002 – Aug 26, 2	, 2004 2004			
Report #2 Due — October Pe	<b>26, 2004</b> eriod: Aug. 27, 2004 — Oct. 21	, 2004	FOR OFF	ICE USE ONLY	
	<b>15, 2005*</b> eriod: Oct. 22, 2004 — Dec. 31 eriod: Oct. 22, 2004 - Dec. 5, 2	•			
Annual Filing – Due Janua Period: January 1, 2004 – Dec Third Report suffices for 2005 Annua	ember 31, 2004	led Report Nos. 1	i and 2		
				Cumulative	
CONTRIBUTIONS SU	JMMARY		This Period	From Beginning of Report Period #1 through End of This Reporting	
Total Monetary Contributions Rece	ived in Excess of \$100		1379854	Period 298,	54
2. Total Monetary Contributions Rece	ived of \$100 or Less	_			
	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting			
3. Total Amount of Monetary Contr	ibutions	Period			
Received (Add Lines 1 and 2) 4. Total Value of In Kind Contributions Excess of \$100	s Received in		3298,54	13,298.	54
	EXPENSES SUI				_
5. Total Monetary Expenses Paid in E	excess of \$100	_	8,000.00	8000,C	00
<ol> <li>Total Monetary Expenses Paid of \$7.</li> <li>Total Amount of All Monetary Expenses (Add Lines 5 and 6)</li> <li>Total Value of In Kind Expenses in Expenses in Expenses in Expenses.</li> </ol>	penses Paid	-	8,000,00	D,000,0	0 .
of \$100		-			
	AFFIRMATI	ON			
eclare Under Penalty of Perjury That th	ne Foregoing is True and Co	rrect.			
nature McCroe	2		. Date	<del></del>	

Name (print)

Office (if applicable)

District (if applicable)

#### **Expense Categories**

CATEGORIES	CODE
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	•
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

PAGE\_OF\_

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

# /

Name (print)

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ハフロソンク Office (if applicable) PROTECTION

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

	DATE OF EACH	AMOUNT OF EACH	CHECK HERE
CONTRIBUTOR'S NAME AND ADDRESS	CONTRIBUTION	CONTRIBUTION	IF LOAN
REAL ESTATE OF NEVADAT	BC		
760 MARGRAVE DR 200	2 1221 / 2 1 2	1121150	
RENO NV 94502	1/14/04	1,107,50	
ا بیر	1/22/04	3,155,03	
	2/25/04	2,400,03	
	3/24/04	670.22	
	4/22/04	1573,09	! :
<u></u>	5/19/04	1354,36	
	0/1/04	2,30	
)	6/15/04	1203,17	
	6/15/04	7.30 1203.17 1135.51 533.78 5,75	
	9/11/114	533 70	
5	MALL INLE	5.75	
	0/20/00	<u> </u>	
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Report Period #

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
DAVID AINTZIANE 623 JAMES LANE RENO NV 89503	J	6/2/04	1,000,00
PIERE MANZANITAN. RENO NV 99509	ブ	6/2/04	1,000.00
SPARKS NV 89434	J	6/20/04	1,000.00
PON SCHIMENT WY. SPARKS NV 89436	J	6/20/04	1,000,00
DAN GUSTIN FELM CT RENONV 89501	J	6/23/04	1,000.00
JESSICA SFERRAZIA 4165 SAN MARCOS UN RENO NV 89502	J	6/28/04	500.00
LYNN ATCHEGON 4490 CAUGHUN PRWY RENO NV 89509	J	6/20/04	2,000.00
JOHN MATER 530 12th 57 30 12th 57 30 12th 57	47	8/19/04	500,00

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### IN KIND CONTRIBUTIONS AND EXPENSES REPORT

#### IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

PAGE 5 OF

Name (print)

Office (if applicable)

District (if applicable)

## **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST  OF EACH IN KIND  CONTRIBUTION	CHECK HERE IF LOAN
N/A				
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Report	Period
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District (if applicable)

Name (print)

Office (if applicable)

**IN KIND** 

# Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
N/A			
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		· · · · · · · · · · · · · · · · · · ·	
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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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Revised: Jan-04

PAGE\_\_\_OF\_\_\_\_\_